

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
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50						
TOTAL IND.	1					
TOTAL DEP.	9					
TOTAL CLAIMS	10					

	IND		DEP		IND		DEP		IND		DEP	
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